

	United States Environmental Protection Agency Washington, DC 20460	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Amendment <input type="checkbox"/> Other	OPP Identifier Number
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Application for Pesticide - Section I

1. Company/Product Number 92082-	2. EPA Product Manager E. Miederhoff	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) 2015	PM# 31	
5. Name and Address of Applicant (Include ZIP Code) Allied Bioscience Inc. 100 Crescent Court, Suite 450 Dallas, Texas 75201 <input type="checkbox"/> Check if this is a new address		6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input checked="" type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Initial application for registration.

PRIA Category: A540
 PRIA Fee: \$5,107
 Contact: tmurray@SciReg.com

Section - III

1. Material This Product Will Be Packaged In:

Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted If "Yes" Unit Packaging wgt. No. Per Container		If "Yes" Package wgt No. Per Container	

3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container	4. Size(s) Retail Container 1 gal., 5 gal., 50 gal.	5. Location of Label Directions <input checked="" type="checkbox"/> On label. <input type="checkbox"/> On label accompanying product.
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)

Name Tyler B. Murray	Title Agent	Telephone No. (Include Area Code) 703/494-6500
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<p style="text-align: center;">Certification</p> I certify that the statements which I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.	6. Date Application Received (Stamped)	
2. Signature 	3. Title Agent (SciReg, Inc.)	
4. Typed Name Tyler B. Murray	5. Date 4/23/2018	